

CLAIMS ONLY				Application Number <div style="font-size: 1.5em; font-family: cursive;">10/6/239</div>	Filing Date 	
				Applicant(s)		
				* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Applicant(s)

Filing Date

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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Total Indep						
Total Depend						
Total Claims						